DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **630-14-001**
Organization Name: **Hughes Center for Exceptional Children**

Date of Inspection: **07-15-2024**
Program Type/Facility Name: **14-001 The Hughes Center**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-300. B. (3) - The records of each employee shall include: 3. Written references or notations of oral references;	N	The Hughes Center This regulation was NOT MET as evidenced by: During an unannounced inspection on 7/15/24, Employee #2 personnel record did not contain evidence of reference checks completed before hire.	PR) 08/05/2024 The facility made the following changes to internal processes to ensure compliance to the regulation: • The Human Resources Manager developed and implemented onboarding documentation checklist to include completed employment references. • Checklist will be used in quarterly audits of record to ensure compliance. • Human Resources Manager will verify new employee reference checks as part of the onboarding process. OLR) Accepted 08/07/2024	9/30/2024
12VAC35-46-310. A. (1) - Required initial training: 1. Within seven days following their begin date, each staff member responsible for supervision of children shall receive basic orientation to the facility's behavior intervention policies, procedures, and techniques regarding less restrictive interventions, timeout, and physical restraint.	N	The Hughes Center This regulation was NOT MET as evidenced by: During an unannounced inspection on 7/15/24, Employee #1 and #2 personnel records do not contain evidence that they successfully passed the behavior intervention training. Records only contain evidence that a competency checklist had been completed but not verification that the employee passed the training course.	PR) 08/05/2024 The facility made the following changes to internal processes to ensure compliance to the regulation: • The Handle with Care facility instructor developed a verification certificate to clearly denote successful completion of the crisis intervention training. • A signed certificate of successful completion will be maintained in the human resources personnel file by the Human Resources Manager. • The Human Resources Manager developed and implemented a quarterly auditing documentation checklist to include Handle with Care certificates. • Audits will be conducted no less than annually by the Human Resources Manager to ensure compliance. OLR) Accepted 08/07/2024	9/30/2024

License #: **630-14-001**
Organization Name: **Hughes Center for Exceptional Children**

Date of Inspection: **07-15-2024**
Program Type/Facility Name: **14-001 The Hughes Center**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-310. A. (8) - Required initial training: 8. Before administering medication, all staff responsible for medication administration shall have successfully completed a medication training program approved by the Board of Nursing or be licensed by the Commonwealth of Virginia to administer medications.	N	The Hughes Center This regulation was NOT MET as evidenced by: During an unannounced inspection on 7/15/24, Employee #1 and #2 records do not contain evidence that they successfully passed medication training required to administer EpiPen when needed. Records only contain documentation of a competency checklist but not if they passed the training.	PR) 08/05/2024 The facility made the following changes to internal processes to ensure compliance to the regulation: • The Leadership Team met and reviewed Policy #250.1 Procedures for Designated Medical Emergencies-Anaphylaxis and confirmed the policy is in line with facility expectations and regulatory standards. • The Director Nursing developed a verification certificate to denote successful completion of the DBHDS medication training for staff providing transport to patients off site. Epi Pen administration onsite is performed by nurses. • A signed certificate of successful completion will be maintained in the human resources personnel file by the Human Resources Manager. • The Human Resources Manager developed and implemented a quarterly auditing documentation checklist to include DBHS approved training for employees who transport patients. OLR) Accepted 08/07/2024	9/30/2024

License #: **630-14-001**
Organization Name: **Hughes Center for Exceptional Children**

Date of Inspection: **07-15-2024**
Program Type/Facility Name: **14-001 The Hughes Center**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-710. A. - Admission shall be based on evaluation of an application for admission. The requirements of this section do not apply to court-ordered placements or transfer of a resident between residential facilities located in Virginia and operated by the same sponsor.	N	The Hughes Center This regulation was NOT MET as evidenced by: During an unannounced inspection on 7/15/24, Individual #1 and #2 records did not contain evidence that the applications for admission had been evaluated to determine appropriateness of placement.	PR) 08/05/2024 The facility made the following changes to internal processes to ensure compliance with the regulation: • The Chief Operations Officer developed a verification form to be completed prior to admission containing the specific elements reviewed by the admissions committee to ensure the patient meets medical necessity criteria for admission and is able to be appropriately served. • The Chief Operations Officer provided training to admissions staff on the use of the verification form and required components the admissions committee considers when accepting a patient for admission i.e. psychological testing, psychiatric evaluations, IEP, biopsychosocial assessment and other relevant clinical documentation. If the patient is placed on a waitlist the information is updated for the admissions committee to review to ensure the patient continues to meet the medical necessity criteria of the program. • The Chief Operations Officer conducts monthly audits of all admissions to ensure the verification form has been completed and in the medical record. This information is reported to the Quality Council on a quarterly basis. OLR) Accepted 08/07/2024	9/30/2024

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **630-14-001**
Organization Name: **Hughes Center for Exceptional Children**

Date of Inspection: **07-15-2024**
Program Type/Facility Name: **14-001 The Hughes Center**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date

General Comments / Recommendations:

I understand it is my right to request a conference with the reviewer and the reviewer's supervisor should I desire further discussion of these findings. By my signature on the Corrective Action Plan, I pledge that the actions to be taken will be completed as identified by the date indicated.

Breanna Goad, Licensing Specialist	(Signature of Organization Representative)	Date

C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined